I,	(Name)	_, understand that	t each Department	
of Justice attorr	ney must maintain an "active" memb	pership in the bar	r of at least one	
State, territory	or the District of Columbia. I	nereby certify		
that I am an "act	cive" member of the bar in		and	
that my bar membe	<i>(State, territo</i> ership number (if any) is	ory or District of Columb	<i>ia)</i>	
further understar	nd that failure on my part to mair	ntain an "active"	bar membership	
at any time durin	ng my employment as an attorney at	the Department r	nay	
result in my pay	being withheld and subject me to	possible discipl:	inary action.	
In addition,	for purposes of my background in	nvestigation, I he	ereby certify	
that, in addition	n to being an "active" member of t	the bar in the jus	risdiction	
identified above,	I am a member of the Bar of each	n State or		
territory listed	below:			
		Membership Status		
State	Date of Admission (Provide month, day and year)	(For each State listed, you must check one) Active Inactive		
Deace	(Trovide month, day and year)	1100110	111000110	
			<u> </u>	
			_	
		Signature		

Date